

L130000 12162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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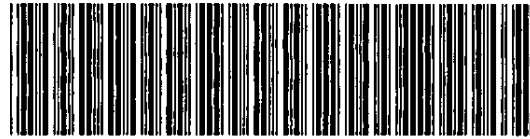
(Business Entity Name)

(Document Number)

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JUL 2 2013

T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Doctors Imaging and Wellness LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Ross W. Barnett, MD**

Name of Person

**c/o Laura Stewart, CPA**

Firm/Company

**Box 2207**

Address

**Lake Charles, LA 70602-2207**

City/State and Zip Code

**rw Barnett radiology@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Ross W. Barnett, MD**

Name of Person

at ( **205** ) **914-6242**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
13 JUL -1 AM 6:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 21, 2013

ROSS W BARNETT, MD  
% LAURA STEWART, CPA  
BOX 2207  
LAKE CHARLES, LA 70602-2207

SUBJECT: DOCTOR'S IMAGING AND WELLNESS LLC  
Ref. Number: L13000012162

We have received your document for DOCTOR'S IMAGING AND WELLNESS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 813A00012788

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DIVISION OF CORPORATIONS  
13 JUL - 1 AM 7:47

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Doctors Imaging and Wellness LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 24, 2013 and assigned  
Florida document number L13000012162.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Doctors Imaging and Wellness PLLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation  
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1519 Trout Lane  
PO Box 2785 PCB, FL 32408  
Panama City Beach, FL  
32411

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Laura Stewart CPA  
P.O. Box 2207  
Lake Charles, LA 70602-2207

B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature. If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with  
the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and  
accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is  
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability  
company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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DIVISION OF CORPORATIONS  
13 JUL AM 7:10

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Purpose of LLC: Practice of medicine and radiology.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated May 10, 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Ross W. Barnett, MD

\_\_\_\_\_  
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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